

#117

**ARIZONA STATE DEPARTMENT OF HEALTH**  
 DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No.\*

Place of Birth Hayden County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth	I HEREBY CERTIFY that the child described herein has been named <u>Mary Charlotte Johnson</u> <small>(Give name in full)</small> <small>(Surname)</small> <u>Mrs. C. H. Johnson</u> <small>(Parent's Signature)</small>  _____ <small>(Signature of Physician or Midwife)</small>
DATE OF BIRTH* <u>Apr. 6 1924</u> <small>(Month) (Day) (Year)</small>				
FULL NAME		FATHER		
<u>Charles Helton Johnson</u>				
FULL MAIDEN NAME		MOTHER		
<u>Clara Schrader</u>				

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
 10M 11-41 A.P.

415-406-329